



35891 US Hwy 19 N.
Palm Harbor, FL 34684
727-781-7704
727-781-7506 FAX
www.thevetclinic.com

Thank you for giving us the opportunity to care for your pet.
Please help us meet your needs by filling out this information sheet.

Today's Date: _____ Email Address: _____

Owner's Name: _____
First *Last*

Home Address: _____

City *State* *Zip Code*

Home Phone Number: () _____

Cell Phone Number: () _____

Work Phone Number: () _____ Ext _____

Place of Employment: _____

May we call you at work? Yes No Only in an emergency

Spouse/Significant Other: _____
First *Last*

Spouse/Significant Other's Phone number: () _____

Spouse/Significant Other's Place of Employment: _____

Preferred Phone Number: Home Cell Work Spouse's Number

How did you hear about The Vet Clinic of Palm Harbor?

Referred by friend/family member: _____

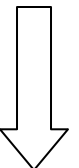
Yellow Book Google Clinic Website Facebook

Yahoo Yelp Hospital Sign Care Credit

Royal Pets Canine Care Emergency Vet AAHA

Local Groomer

Community Event Other _____



In the boxes below; please list anyone other than yourself who may be allowed to have access to your account and/or information regarding your pet. This can be anyone from a spouse/significant other, family member or friend.

Those not listed below will not be able to bring your pet here for treatments/ services, or gather any information regarding your account or your pet. All inquires made by an outside party will only be able to gather information with your WRITTEN consent.

Name:	Relationship:	Phone Number:

Do you authorize vaccine history to be given out to third party facilities such as Boarding Facilities, Doggie Day Facilities or other Veterinary Clinics?

Yes

No

If no, we will require written consent from you to provide these 3rd party facilities with vaccine history.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED!

We accept cash and all major credit / debit cards.

*Personal checks are accepted from established clients **only** (not first-time clients)*

May we post your pet's picture on:

VCPH's Clinic Website: Yes

No

VCPH's Facebook Site: Yes

No

I affirm that the information given herein is true and correct to the best of my knowledge.

Signature

Date

